- 1. Go to http://abn.alabama.gov/abnonline/AddNew Collaboration Login.aspx
- 2. Login with your RN License # and Last 4 of your SSN. Example: 1-123456 and 1234
- 3. If your details are valid, you will see the screen below.



- 4. This screen should display your name, address, and contact details. You may make changes to these as desired. Please note that changes to last name will not occur until the Board receives a copy of the legal document changing your name. Click on the "Next" button.
- 5. The next screen should display your advanced practice certifications on record with the Board of Nursing. Click on the "Next" button.

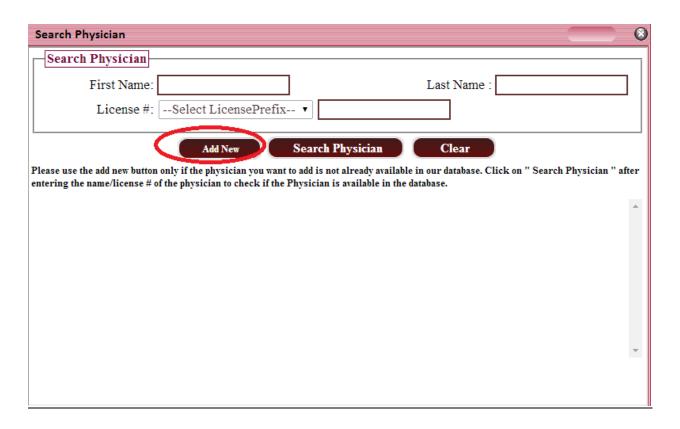


6. The next screen will allow you to add the new collaborating physician, covering physician(s) if required, practice site(s) and other details like the expected start date of the collaboration, hours, protocol, and formulary.

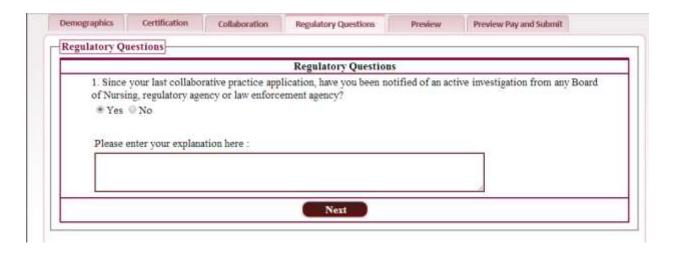
Note: Those who have used ABN's online applications for "Initial CRNP" and "Initial CNM" will recognize the screen layout is the same as in those applications. After entering all the required fields, click on the "Next" button.

ollaboration	Physician				
JII ADOI ALIUII	- Filysician	5/4 (2/2) (11)	Management II as the control of the		
		Selec	et License Type : CRNP-1-	999995 🕶	
Physician Id	entification				
		* Physician I	Name:		Search Physician
	Note: To select a	a physician, click o	on "Search Physician" and	search by phys	ician name or license #.
	* Physi	ician's Mai <mark>li</mark> ng Ad	dress:		
		*	City:		
		*	State: ALABAMA	<u> </u>	▼
			* Zip:		
		* C	ounty: Select County •		
		* Pho	one #:		
		Alternate P	hone:		
			Fax:		
		E	Email:		

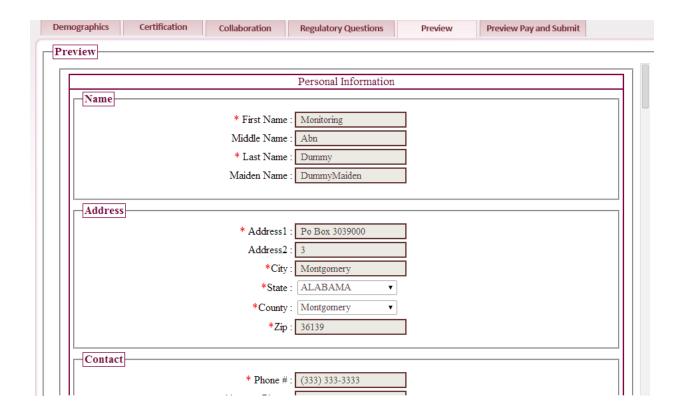
7. <u>Please note</u>: If the primary or covering physician you want to add is not found using the "Search Physician" button, click on the "Add New" to add this physician's detail into our database. Always, enter your search criteria like physician's name/license # and use the "Search Physician" button before you use the "Add New" feature. Otherwise this will duplicate data.



8. The next screen has 6 regulatory questions that every applicant must answer. Please read
through the questions carefully before answering. If you answer "Yes" to any of the questions, a box will appear as shown below to type in your explanations. Please click on "Next" to continue.



9. The next screen shows you a "Preview" of your application as it will be submitted to the Board of Nursing. This will be your last chance to make sure your details are correct before ABN receives the application. Click on "Next" to continue.



10. The next screen will enable you to pay for your application. Please make sure your card has at least \$53.50 to process the application successfully. \$50 is the charge for a new collaboration application and \$3.50 is the card processing fee. Clicking on the "Submit" will process your payment as well as send your application to ABN.

Payment					
* Amount Due:	50.00				
* Transaction Fee:	3.50				
* Total:	53.50				
* Person's Name on Card:					
* Select Debit or Credit:	Select Debit or Credit ▼				
* Card Type:	Select Card Type ▼				
* Card #:					
* Expiration Date:	Select ▼ Select ▼				
* Security Code:					
(The security code is a three- or four-digit number printed on the back of your card)					
* 5 Digit Billing Zip Code :					
Submit	Clear				

11. Please Note:

- Applications with one or more "Yes" answers will not be processed until the Board receives documentation about the same and approves your application.
- Adding a new collaborating physician will NOT change CRNP/CNM status immediately. The
 application must be processed by the Board before your CRNP/CNM status change occurs. For
 example, if your current CRNP/CNM status is "Eligible For Collaboration" and you submit a new
 collaboration application, your status will not change instantly after you submit.
- You will have the option to print/email your receipt at the end of the application process. Please note that you cannot get the receipt automatically at a later point.